

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/561519** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	7		/			
4	7		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	5		/			
20	/		/			
21	/		/			
22	0		/			
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	←	23	←		←
TOTAL CLAIMS	30		25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←